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# 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2000 a

		evenue Se	rvice I	Note: The founda	tion may	be able to use a copy of	this return to s	satisfy state	repo	rting requirements.	4		J
Fo	or ca	lendar	year 2009,	or tax year beg	jinning		, 2009	, and end	ing			, 20	0
			hat apply	Initial retu		Initial return	of a former p	oublic cha	rity		Final	return	
				Amended	return	X Addre	ss change	Γ	٦N	lame change	_		
_			Name of fou							A Employer Identifi	cation nu	mber	
	lee th	291 0								, ,			
٠		tabel. THE BENNETT FAMILY FOUNDATION								26-	27856	514	
(		wise,	Number and	street (or P.O. bo	x number i	f mail is not delivered to stree	t address)	Room/su	ute	B Telephone number (see	nage 10 of	the instructions)	
	pr	int		20.000.00.00							,,0,0	,	
	or ty	ype.	6650 VI	A AUSTI PA	RKWAY			150		(70	2) 63	31-516	1
		pecific		, state, and ZIP of			<del></del>	1		C If exemption applica			
Ir	nstru	ctions.	Oity or town	i, state, and zir o						pending, check here		_	
			LAS VEG	AS, NV 891	1 9					D 1 Foreign organizat		-	
-	01-	-1-4				(2)(2)	farmelakan		_	<ol> <li>Foreign organization</li> <li>85% test, check h</li> </ol>			
ተ	$\overline{}$		of organiza			(c)(3) exempt private		·		computation .		🟲	•
$\perp$				nexempt charitab		Other taxable p				E If private foundation	status was	terminated	
ı				assets at end		unting method. X C	asn Acc	rual		under section 507(b	)(1)(A), che	ck here .	•
			m Part II, co			ther (specify)				F If the foundation is		_	<u></u>
		▶ \$		34,202.		column (d) must be or	ı casrı pasis.) T	П		under section 507(b)			
Ŀ	art	Analy total o	sis of Reve	enue and Expen columns (b), (c), a	ses (The	(a) Revenue and	(b) Net inve	estment	1	c) Adjusted net		isburseme charitable	
		may n	ot necessarily	equal the amoun	ts ın	expenses per books	incom		•	income	F	ourposes	
_		` columi	n (a) (see pag	ge 11 of the instru	ctions))					· · · - ·	(cas	h basis on	ly)
	1	Contribut	ions, gifts, grants,	etc , received (attach s	chedule) .	500,000	<b>!</b>						
- 1	2	Check	attach	Sch B	441164 10	430	ļ	410			7.00	VII 7	
١	3	Interest	on savings and	temporary cash inve	estments	418	<b>!</b>	418.			ATC	CH 1	
ı	4	Dividen	ds and intere	est from securities			ļ						
	5 a	Gross r	ents										
- [	b	Net rent	al income or (lo	oss)									
ē				sale of assets not or	line 10	*	ļ			7300	<del></del>		
eui	b	assets o	ales price for all n line 6a	<del></del>					+	11202.1		<del>`</del>	
Revenue	7	Capital	gain net inco	ome (from Part IV,	line 2) .				18			<del>1+);</del>	
-				algaın			ļ		18	MAY 04:	010	(6)	
	9	Income	modification	s · · · · · · ·					+		-10	<del>  3 </del>	
	ı v a	and allo	les less returns wances • • •	• •					+-	OGDEN	3 30		
ļ			st of goods sold						<u> </u>				
ĺ				(attach schedule)			ļ					-	
İ	11	Other i	ncome (attacl	h schedule)		F00 410				_			
$\neg$				rough 11	-	500,418		418.		-			
	13	Comper	sation of office	rs, directors, trustees	s, etc	0	<b></b>						
اي				aries and wages .	i								
<u>ş</u>				oyee benefits									
ĕ				hedule) ATCH		3,220	<del> </del>	0.		0.			0
ĭ	b	Accour	iting fees (att	ach schedule) [ 🤅	3]	750		0.		0.			0
<u>ا د</u>	С	Other p	rofessional fe	ees (attach schedu	ıle)					· · · · · · · · · · · · · · · · · · ·			
틸	17	Interest											
<u> </u>	18	Taxes (a	ttach schedule)	(see page 14 of the in	structions)								
뒴	19	Deprec	ation (attach	schedule) and de	epletion.								
Operating and Administrative Expenses	20	Occupancy											
اوَ	21	Travel,	conferences,	and meetings									
<u>a</u>	22	Printing	and publicat	tions									
E	23	Other e	expenses (atta	ach schedule) [ {	]	10,332							
ā	24	Total o	perating and	l administrative e	xpenses.								
8			-	h 23		14,302		0.		0.			0
9			-	grants paid		451,914							,914
$\bot$	26		_	sements Add lines		466,216		0.		0.		451	,914
ſ	27	Subtrac	t line 26 fron	n line 12				ļ					
-[	а	Excess of	revenue over ex	penses and disbursen	nents	34,202							
- [	h	Net inv	astment inco	me (if negative e	nter -0-1			418.					

c Adjusted net income (if negative, enter -0-). . For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. 9E1410 1 0000 11TE39 0000 4/28/2010 3:54:03 PM V 09-5.2

JSA 6494 Form 990-PF (2009)

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	artil	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	ai t i		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ıng			
	2		cash investments		34,202.	34,202.
	3	Accounts receivable				
		Less: allowance for dou	btful accounts			
	4			<u> </u>		
		Less: allowance for dou	btful accounts ▶			
	5					
	6		fficers, directors, trustees, and other			
	•		ach schedule) (see page 16 of the instructions)			
	7	· · · · · · · · · · · · · · · · · · ·	receivable (attach schedule)	·	· · · · · · · · · · · · · · · · · · ·	<del>. ,</del>
	'		btful accounts			
	8		60			
Assets	,		eferred charges	<u>-</u>		
SS	9				·	· · · · · · · · · · · · · · · · · · ·
⋖			e government obligations (attach schedule)			
			stock (attach schedule)			
	11 6	Investments - corporate Investments - land, building:	bonds (attach schedule)s,			
	' '	and equipment basis Less accumulated deprecia				
		(attach schedule)	´			
	12		loans			<del></del>
	13 14	Investments - other (atta Land, buildings, and	ach schedule)		· · · · · · ·	
	' -	equipment basis				
		(attach schedule)	ation	-		
	15	Other assets (describe	P			
	16	•	pleted by all filers - see the		24 222	24 000
_			age 1, item I)		34,202.	34,202.
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directo	rs, trustees, and other disqualified persons			
jab	21	Mortgages and other no	ites payable (attach schedule)			
	22	Other liabilities (describe	• ►) L			
_	23	Total liabilities (add line	s 17 through 22)	<del></del>		
		Foundations that fol	low SFAS 117, check here ▶			
		and complete lines	24 through 26 and lines 30 and 31.			
es	24	Unrestricted				
anc	24 25 26					
Bag	26					
ᅙ		•	not follow SFAS 117,			
Fund			plete lines 27 through 31. ▶ X			
5	27		cipal, or current funds			
ţ	28		land, bldg , and equipment fund			
Se	29		ulated income, endowment, or other funds		34,202.	
Ä	28 29 30	•	balances (see page 17 of the			
Net					34,202.	
_	31	Total liabilities and net	assets/fund balances (see page 17			
					34,202.	
Θ	art II	Analysis of Cha	inges in Net Assets or Fund E	Balances	<del></del>	· <del></del>
			alances at beginning of year - Part II,		st agree with	
•			d on prior year's return)			
2	Ento	or-year rigure reported	ine 27a		2	34,202.
2		r amount nom Fail I, I	ine 27a		3	
			ed in line 2 (itemize)			34,202.
			lino 2 (tomizo) b			34,202.
		reases not included in		uno 5\ Dort II. column /b	5 June 30	34,202.
<u>6</u>	rota	net assets or fund ba	ilances at end of year (line 4 minus li	ine 5) - Part II, column (b	), line 30 6	34,202.

, E	Part IV Capital Gains	s and Losses for Tax on Inv	estment Income	1 76 V 11	T	
٠_	(a) List and 2-story b	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr.)		
1:	a					
_1	<u> </u>	<del></del>		1		
_	<u> </u>					
_	<u> </u>					
_	9	(0.0)	(a) Cost or other bosis	<del>                                     </del>	# N O = 1 = 1 = 1 = 1	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_3	3					
_	0				· · · · · · · · · · · · · · · · · · ·	
_	<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·				
_	<u> </u>					
_	Complete only for assets s	howing gain in column (h) and own	ned by the foundation on 12/31/69			<u>.</u>
_	complete only for assets s	(j) Adjusted basis	(k) Excess of col. (i)		Gains (Col. (h) g (k), but not less t	
_	(i) F.M.V as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from co	
_	<u> </u>					
	0	<del> </del>		<del> </del>		
_				ļ	<del></del>	
_	<u> </u>			-		
_	)	, If	gain, also enter in Part I, line 7			
	Capital gain net income or	(net capital loss) {	(loss), enter -0- in Part I, line 7	2		
3		or (loss) as defined in sections 12				
	_	line 8, column (c) (see pages 13	1			
		line 8		3		
			uced Tax on Net Investment Inc			
(1	or optional use by domestic	private roundations subject to the	e section 4940(a) tax on net investi	THORK IIIOO		
lf	section 4940(d)(2) applies,	leave this part blank.				
						], [V],
		the section 4942 tax on the distribution of qualify under section 4940(e).	outable amount of any year in the b	ase period	יי ∟	」Yes <u>X</u> No
_	<del></del>	<del>`</del> <del>`</del>		oforo mak	ing any entries	
_	(a)		; see page 18 of the instructions be	lore mak	(d)	
_	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
_	2008	0.	0.			0.000000
	2007					
_	2006					- <del></del>
_	2005					
_	2004			· · · · · ·		
•	Total of line 4 column (d)			2		0.000000
2	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 6 or by the	-	· · · -	0.00000
3			s than 5 years	3		0.000000
	number of years the round	dation has been in existence in less	s tilali 5 years	<del>-</del>		
4	Enter the net value of non	charitable-use assets for 2009 fro	m Part X, line 5	4		0.
_	Effect the flet value of flets	10/10/10/10 000 00000 10/ 2000 10				· -
5	Multiply line 4 by line 3			5		0.
٠	Multiply into 1 by into 0 .					
6	Enter 1% of net investmen	nt income (1% of Part I. line 27h)		6		4.
•						<del></del>
7	Add lines 5 and 6			7		4.
-	· · · · · · · · · · · · · · · · · · ·					
8	Enter qualifying distribution	ns from Part XII, line 4		8		451,914.
	If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box i	in Part VI, line 1b, and complete t	hat part	using a 1% tax	rate. See the

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructi	ons)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			4.
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			4.
6	Credits/Payments:			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			١,,
	of the instructions for definition)?	1 b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			v
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation ►\$(2) On foundation managers. ►\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$			х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6		X
-	conflict with the state law remain in the governing instrument?	7	Х	
7				
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $\bigvee_{i=1}^{NV}$			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			Х
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			X
	27)? If "Yes," complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			x
	names and addresses	10		٠, ا

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the 

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and

operating foundation defined in section 4942(j)(3) or 4942(j)(5)):

3a Did the foundation hold more than a 2% direct or indirect interest in any business

	l .	
4h		X

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Х

Х

Х

1 c

2b

XNo

NONE

Total number of other employees paid over \$50,000 . . . . . . . . . .

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, H and Contractors (continued)	ighly Paid Employees,
3 Five high	est-paid independent contractors for professional services (see page 23 of the Ins	tructions). If none, enter "NONE."
		Type of service (c) Compensation
NONE		
<del></del>		
Total numbe	er of others receiving over \$50,000 for professional services	NONE
		1.0
Part IX-A	Summary of Direct Charitable Activities	
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such a	as the number
	ons and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A		
2		
3		
4		
	·	
0 414 0	O CONTRACTOR OF THE CONTRACTOR	
	Summary of Program-Related Investments (see page 23 of the instructions) two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	, , , , , , , , , , , , , , , , , , ,
1 1000		
2		
<b>-</b>		·
All other prog	gram-related investments. See page 24 of the instructions	
3 NONE		
Total Add I	ines 1 through 3	

Ρ	art X	Minimum Investment Return (All domestic foundations must complete this part. Foreignee page 24 of the instructions.)	gn foundat	tions,
1	, Fair n	narket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpo	ses.		
а	Avera	ge monthly fair market value of securities	1a	
b	Avera	ige of monthly cash balances	1b	
С	Fairn	narket value of all other assets (see page 24 of the instructions)	1c	0.
d	Total	(add lines 1a, b, and c)	1d	0.
е	Redu	ction claimed for blockage or other factors reported on lines 1a and		
	1c (at	tach detailed explanation)		
2	Acqui	sition indebtedness applicable to line 1 assets	2	0.
3	A 1.4.	A   O   C   A - A	3	0.
4	Cash	deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the	instructions)	4	0.
5	Net v	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minin	num investment return. Enter 5% of line 5	6	0.
P		Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations		,
_	<del></del>	foundations and certain foreign organizations check here  and do not complete this p		
1	Mınım	num investment return from Part X, line 6	1	0.
2 a	Tax o	n investment income for 2009 from Part VI, line 5		
b	Incom	ne tax for 2009. (This does not include the tax from Part VI.) [26]		4
С	Add II	nes 2a and 2b	2c	4.
3				-4.
4		veries of amounts treated as qualifying distributions	4	<del></del>
5		nes 3 and 4	5	-4.
6		ction from distributable amount (see page 25 of the instructions)	6	
7	Distri	butable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
_	line 1		7	
P	art XII	Qualifying Distributions (see page 25 of the instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	451,914.
b	Prog	ram-related investments - total from Part IX-B	1b	0.
2	Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		<del></del>
_	purp	oses	2	0.
3	Amo	unts set aside for specific charitable projects that satisfy the		
а	Suita	ability test (prior IRS approval required)	3a	0.
b	Cash	n distribution test (attach the required schedule)	3 b	0.
4	Quali	fying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	451,914.
5	Foun	idations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Ente	r 1% of Part I, line 27b (see page 26 of the instructions)	5	4.
6		sted qualifying distributions. Subtract line 5 from line 4	6	451,910.
	Note	: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years.	hether the	foundation

1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•					0.
2	Undistributed income, if any, as of the end of 2009.				
_	· · · · · · · · · · · · · · · · · · ·				
<b>4</b>	Enter amount for 2008 only	<del></del>			
					<del></del>
3	Excess distributions carryover, if any, to 2009:				
	From 2004				
ь	· · · · · · · · · · · · · · · · · · ·				
	From 2006				
d					
	From 2008	0.			
	Total of lines 3a through e				<del></del>
4	Qualifying distributions for 2009 from Part XII, line 4.  \$\) \$ \( \) \(				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				0.
	Remaining amount distributed out of corpus	451,914.			
5	Excess distributions carryover applied to 2009	0.			0.
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	451,914.			
ь	Prior years' undistributed income Subtract				
-	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
е	amount - see page 27 of the instructions				
	27 of the instructions				
f	Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010.				0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	451,914.			
	Analysis of line 9:				
	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007				
d	Excess from 2008			İ	
е	Excess from 2009 451, 914.				

ATTACHMENT 7 c Any submission deadlines ATTACHMENT Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors N/A Form 990-PF (2009) 11TE39 0000 4/28/2010 3:54:03 PM V 09-5.2 6494

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual,			<del></del>			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
a Paid during the year	or substantial contributor	recipient					
a Faid during the year							
ATTACHMENT 9							
ATTACHMENT							
		1					
		İ					
			1				
Total			> 3a	451,914.			
b Approved for future payment		<u> </u>					
a reproved to ratare payment							
		•					
·							
			1				
		1					
Total		<u> </u>	<u> </u>				
Total	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> ▶ 30</u>	<u>L</u>			

Part XVI-A Analysis of Income-Produ	icing Acti	vities				
Enter gross amounts unless otherwise indicated.		ated business income	Excluded by	y section 512, 513, or 514	(e)	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See page 28 of the instructions.)	
a					· · · · · · · · · · · · · · · · · · ·	
b	-					
С						
d						
e						
1						
g Fees and contracts from government agencies	·					
2 Membership dues and assessments				-		
3 Interest on savings and temporary cash investments			14	418.		
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property					·	
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal property .					<del></del>	
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue: a						
b			ļ <u></u> .			
C						
d			ļ			
e				418.		
12 Subtotal Add columns (b), (d), and (e)					418.	
13 Total. Add line 12, columns (b), (d), and (e)				<sup>13</sup>	410.	
(See worksheet in line 13 instructions on page 28 the Part XVI-B Relationship of Activities	to the Ac	complishment of Ev	emnt Purn		<del></del>	
Explain below how each activi the accomplishment of the for page 29 of the instructions.)						
				<u> </u>		
		<del> </del>				
				<del></del>		
	<del></del>	NOW ADDITORDI				
		NOT APPLICABLE	<u></u>			
			· · · · · · · · · · · · · · · · · · ·		_	
					<del> </del>	
		<del></del>			· · · · · · · · · · · · · · · · · · ·	
				<del></del>		
		<del></del>				
				<del></del>	<del></del>	

Pa	rt XVI	Information Exempt Orga		Transfers To a	and Transa	ctions	and Relationship	s With N	lonc	hari	table
1	ın se	the organization directlection 501(c) of the Conzations?	ode (other tha	n section 501(c)(3)	) organizations	s) or in s				Yes	No
а		nizations? ofers from the reporting f		•	-						x
		ash							I	I	$\frac{1}{x}$
		Other assets						• • • • • •	1a(2)		<del> </del>
·	_	ales of assets to a noncl	haritable exempt	organization					1b(1)		Х
	(1) D	urchases of assets from	a noncharitable	exempt organization			• • • • • • • • • • • • • • • • • • • •		1b(2)		Х
		tental of facilities, equipm							1b(3)		Х
		eimbursement arrangem							1b(4)		Х
		oans or loan guarantees							1b(5)		Х
		erformance of services of							1b(6)	<u> </u>	X
		ng of facilities, equipmer									X
d		e answer to any of			_			-			
		of the goods, other	-	• •							
	value	in any transaction of	r sharing arrar	ngement, show in	column (d) t	he value	of the goods, other	assets, or	service	es red	ceived.
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt o	organization	(d) Des	cription of transfers, transac	tions, and shar	ing arra	ngeme	nts
		N/A				N/A					
						-					
							<del> </del>				
			<del> </del>				**				
			<del> </del>	<u> </u>							
				•							
						<del> </del>					
							<del></del>				<u> </u>
								·			
		<u> </u>				 	·				
						<u> </u>					
	sectio	e foundation directly or on 501(c) of the Code (oth s," complete the following (a) Name of organization	ner than section g schedule	501(c)(3)) or in secti		more tax-e		escribed in	Y€	es 🗀	No No
							· · · · · · · · · · · · · · · · · · ·				
		<u> </u>									
	Under belief,	penalties of perjury, I decli	are that I have explete Declaration	camined this return, income of preparer (other than	cluding accompa taxpayer or fidu	inying scheo uciary) ys ba	dules and statements, and sed on all information of v	to the best of	f my kr has ar	nowled ny knov	ge and wledge
		Veara (	1. Dec	eccent		4/29	110 NPR	ESIDE	NT	-	
ည	S	ignature of officer or trustee				Date	Title		<u>-</u>		
Sign Here	Paid Preparer's Use Only	Preparer's signature	4:20	K	Date	29-10	Check if self-employed ▶	Preparer's number (Se page 30 of the P00130	e Signa he instr	iture o	
	Pai Prepa Use (	Firm's name (or yours if	PIERC	Y, BOWLER, T		KERN	EIN ▶	88-02652	237		
	۾ ي	self-employed), address		ELTON AVENUE	, SUITE	1000		<del></del>			
		and ZIP code	LAS V	EGAS. NV		89	107   Phone no	702 38	84-1	120	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization	MINDAGTON	Employer identification number
THE BENNETT FAMILY FO	26-2785614	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
· •	rered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 of contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) and	o) organization filing Form 990 or 990-EZ that met the 331/3 % support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	, a contribution of the greater
the year, aggregate co	), (8), or (10) organization filing Form 990 or 990-EZ that received from a ontributions of more than \$1,000 for use <i>exclusively</i> for religious, charitabl or the prevention of cruelty to children or animals. Complete Parts I, II, an	e, scientific, literary, or
the year, contributions aggregate to more that year for an exclusively applies to this organization.	(i), (8), or (10) organization filing Form 990 or 990-EZ that received from a for use exclusively for religious, charitable, etc., purposes, but these con in \$1,000. If this box is checked, enter here the total contributions that we religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	tributions did not ere received during the is the <b>General Rule</b>
990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2 of its Form 990, or check the box on line H to certify that it does not meet the filing requirements of Schedule B (Forn	of its Form 990-EZ,
For Privacy Act and Panagyork Raduction	an Act Nation and the Instructions	3 (Form 990 990-F7 or 990-PE) (2009)

for Form 990, 990-EZ, or 990-PF.

of Part I

THE BENNETT FAMILY FOUNDATION Name of organization

Employer Identification number 26-2785614

(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	DIANA BENNETT  6650 VIA AUSTI PARKWAY #150  LAS VEGAS, NV 89119	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF,

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

418.

418.

418.

NORTHERN TRUST

DESCRIPTION

TOTAL

418.

ATTACHMENT 1

•				
2		CHARITABLE		0
ATTACHMENT 2		ADJUSTED NET INCOME		0.
		NET INVESTMENT INCOME		0
		REVENUE AND EXPENSES PER BOOKS	3,220.	3,220.
	FORM 990PF, PART I - LEGAL FEES			TOTALS
	FORM 990PF, F	DESCRIPTION	LEGAL	

FEES	
ACCOUNTING	
1	ļ
Н	Ì
PART	
990PF,	
FORM	

CHARITABLE PURPOSES		0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	750.	750.
		TOTALS
DESCRIPTION	ACCOUNTING	

ATTACHMENT 3

DESCRIPTION

SUPPLIES POSTAGE ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

REVENUE

AND

EXPENSES PER BOOKS

10,243.

89.

TOTALS

10,332.

PART VIII

FORM 990PF,

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

6494

E I	·				-
EXPENSE ACCT AND OTHER ALLOWANCES					
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	.0		Ö	0
COMPENSATION	Ċ	0		0	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CLASS A DIRECTOR	CLASS A DIRECTOR	CLASS B DIRECTOR	CLASS B DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	DIANA L. BENNETT 6650 VIA AUSTI PARKWAY LAS VEGAS, NV 89119	MARLEE PALERMO 6650 VIA AUSTI PARKWAY LAS VEGAS, NV 89119	HENRY LICHTENBERGER 8363 W. SUNSET RD., STE 300 LAS VEGAS, NV 89113	MICHAEL KERN 6100 ELTON AVENUE, STE 1000 LAS VEGAS, NV 89107	

# FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DIANA BENNETT 6650 VIA AUSTI PARKWAY #150 LAS VEGAS, NV 89119 702-361-5161

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

AN ORGANIZATION SEEKING FUNDING OR A GRANT SHOULD SUBMIT A LETTER OF INQUIRY THAT IS ONE PAGE. THE LETTER SHOULD INCLUDE A BRIEF DESCRIPTION OF THEIR ORGANIZATION, CONFIRMATION OF THEIR 501(C)(3) STATUS, THE AMOUNT BEING REQUESTED, DESCRIPTION OF THE SPECIFIC PROJECT, IF ANY, FOR WHICH FUNDING OR A GRANT IS SOUGHT, AND THEIR CONTACT INFORMATION. THE LETTER CAN BE SENT VIA U.S. MAIL OR ELECTRONICALLY. TELEPHONE INDQUIRIES WILL NOT BE ACCEPTED.

## 990PF, PART XV - SUBMISSION DEADLINES

THE INQUIRY LETTERS MAY BE SUBMITTED AT ANY TIME. THE FOUNDATION PLANS TO AWARD GRANTS GENERALLY TWICE YEARLY, IN JANUARY AND JULY.

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THREE SQUARE	NONE	BACKPACK FOR KIDS PROGRAM	100,000
4190 N PECOS RD	501(C)(3)		
LAS VEGAS, NV 89115			
UNLV FOUNDATION	NONE	BLACK MOUNTAIN INSTITUTE UNRESTRICTED FUND	100,000.
BOX 451006	501(C)(3)		
4505 S MARYLAND PARKWAY			
LAS VEGAS, NV 89154-1006			
DAVID ROONEY MEDICAL FUND	NONE	POLICE OFFICER MEDICAL SUPPORT	10,000
P O. BOX 750190	INDIVIDUAL		
MICHAEL FORESTA TRUSTEE			
LAS VEGAS, NV 89136			
OFFICER DOWN ACCT - JAMES MANOR	NONE	FALLEN OFFICER ACCOUNT - NEVADA STATE BANK	25,000
	INDIVIDUAL		
SHADE TREE SHELTER	NON	NOAH'S ANIMAL HOUSE	100.000
P O BOX 669	501(C) (3)		
LAS VEGAS, NV 89125			
UNLV FOUNDATION	NONE	BLACK MOUNTAIN INSTITUTE UNRESTRICTED FUND	20,000
BOX 451006	501(C)(3)		
4505 S MARYLAND PARKWAY			
LAS VEGAS, NV 89154-1006			
SHADE TREE SHELTER	NONE	SHADE STRUCTURE ON THE SHADE TREE'S PLAYGROUND	8,000.
P O BOX 669	501(C)(3)		
LAS VEGAS, NV 89125			

ATTACHMENT 9 (CONT'D)

V 09-5 2

3.54 03 PM

6494

ATTACHMENT 9

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
THREE SQUARE	NONE	THANKSGIVING TURKEYS	5,000
4190 N. PECOS RD LAS VEGAS, NV 89115	501(C)(3)		
	111/2/1	CHEDOATIVE CEDVICES AT CASE DIACE DEOD-IN CENTERS	10,000
NEVADA PAKINEKS FOK HOMBLESS LOGIN P.O. BOX 20135	SO1 (C) (3)	FOR HOMELESS YOUTH	•
LAS VEGAS, NV 89112			
UNIV FOUNDATION	NONE	BLACK MOUNTAIN INSTITUTE	43,914
BOX 451006	501(C)(3)		
4505 S. MARYLAND PARKWAY			
LAS VEGAS, NV 89154-1006			
		TOTAL CONTRIBUTIONS PAID	451,914